

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

DISTRICT OF MARYLAND

Case number (if known)

Chapter

**11**☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/25

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **Noble Life Sciences, Inc.**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) **27-2336482**

4. Debtor's address Principal place of business

**1500 Fannie Dorsey Road  
Sykesville, MD 21784**

Number, Street, City, State & ZIP Code

**Carroll**

County

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) **www.noblelifesci.com**

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_

Debtor **Noble Life Sciences, Inc.**  
Name

Case number (if known)

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,424,000 (amount subject to adjustment on 4/01/28 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- ☒ No
- ☐ Yes.

Debtor **Noble Life Sciences, Inc.** Case number (if known)

Name

List all cases. If more than 1,  
attach a separate listDebtor  
District \_\_\_\_\_ When \_\_\_\_\_ Relationship  
Case number, if known \_\_\_\_\_**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?**

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**☐ 1-49☐ 50-99☒ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Noble Life Sciences, Inc.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures****WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 22, 2025**  
MM / DD / YYYY**X /s/ Alain Cappeluti**

Signature of authorized representative of debtor

**Alain Cappeluti**

Printed name

Title **President****18. Signature of attorney****X /s/ Robert B. Scarlett**

Signature of attorney for debtor

Date **June 22, 2025**

MM / DD / YYYY

**Robert B. Scarlett 01424**

Printed name

**Scarlett & Croll, P.A.**

Firm name

**306 W. Chesapeake Ave.  
Towson, MD 21204**

Number, Street, City, State &amp; ZIP Code

Contact phone **410-468-3100**Email address **rscarlett@scarlettcroll.com****01424 MD**

Bar number and State

**Fill in this information to identify the case:**Debtor name Noble Life Sciences, Inc.United States Bankruptcy Court for the: DISTRICT OF MARYLAND

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Schedule* \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 22, 2025**X /s/ Alain Cappeluti**\_\_\_\_\_  
Signature of individual signing on behalf of debtor**Alain Cappeluti**\_\_\_\_\_  
Printed name**President**\_\_\_\_\_  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **Noble Life Sciences, Inc.**  
 United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

**Official Form 204**
**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**
12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Alexandra Whitaker 205 Evans Street Rockville, MD 20850		Internet and marketing consulting service				\$168,679.00
American Express P.O. Box 1270 Newark, NJ 07101		Credit Card				\$135,369.08
American Express P.O. Box 1270 Newark, NJ 07101		Credit card				\$75,352.93
Animal Specialties & Provisions 600 Commerce Drive Quakertown, PA 18951						\$50,779.83
APEX Capital 1 Walnut Grove Drive Suite 300 Horsham, PA 19044						\$35,629.76
Charles River Laboratories GPO Box 27812 New York, NY 10087-7812						\$69,487.64
EBF Holdings LLC d/b/a Everest Business Funding 102 W. 38th Street New York, NY 10018		Merchant Cash Loan				\$112,141.50
Envigo RMS Inotiv Collections P.O. Box 8523 Carol Stream, IL 60197						\$42,065.52
Fulton Bank P.O. Box 4887 Lancaster, PA 17604		Credit Card				\$51,827.26

Debtor **Noble Life Sciences, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Fulton Bank, N.A. One Penn Square Lancaster, PA 17602		11/02/2021 All Accounts, Inventory, Equipment, Instruments, Chattel Paper and General Intangibles	Contingent Disputed	\$3,063,611.34	\$243,470.03	\$2,820,141.31
George Mason University Cashier's Office Mail Stop 2E1 4400 University Drive Fairfax, VA 22030						\$74,685.20
HSRL Holdings, LLC 5930 Main Street Mount Jackson, VA 22842		Services				\$65,952.81
Hunter Caroline Holdings 333 Pearsall Ave. Cedarhurst, NY 11516		Merchant cash loan				\$180,375.00
InfoPathways, Inc. 25 Liberty Street Westminster, MD 21157		IT Services				\$28,032.36
Instem LSS Limited 161 Washington Street Suite 1550 Conshohocken, PA 19428		Services				\$52,269.00
Jaffe Capital 99 Wall Street, No. 1540 Narrowsburg, NY 12764-4000		Merchant Cash Loan				\$122,538.00
Revvity Health Sciences, Inc. 13633 Collections Center Drive Chicago, IL 60693-0136						\$22,649.46
Shaw Property Management 258 Longpoint Road Crownsville, MD 21032		Rent past due				\$145,223.57

Debtor **Noble Life Sciences, Inc.**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
The Jackson Laboratory 90260 Collection Center Drive Chicago, IL 60693		Animals				\$68,768.92
Wakefield Farm, LLC 159 Ruth Shriver Road Westminster, MD 21158		Critical Vendor				\$40,804.00



**Fill in this information to identify the case:**Debtor name **Noble Life Sciences, Inc.**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b>	
Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>0.00</b>
<b>1b. Total personal property:</b>	
Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>488,456.90</b>
<b>1c. Total of all property:</b>	
Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>488,456.90</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>3,252,491.76</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b>	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>22,535.43</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b>	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>1,885,484.37</b>
<b>4. Total liabilities</b> .....	
Lines 2 + 3a + 3b	\$ <b>5,160,511.56</b>

**Fill in this information to identify the case:**Debtor name **Noble Life Sciences, Inc.**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand****\$65.04****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

**3.1. Checking Account - Fulton Bank****\$5,000.00****3.2. Fulton Bank, N.A.****Checking****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$5,065.04****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

**7.1. Security Deposit - Security Deposit held by Landlord Shaw Property Management****\$15,165.00**

Debtor **Noble Life Sciences, Inc.**  
Name

Case number (If known) \_\_\_\_\_

7.2. **U.S. Bank** **\$3,656.00**8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment9. **Total of Part 2.****\$18,821.00**

Add lines 7 through 8. Copy the total to line 81.

**Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old:	<u><b>511,873.21</b></u>	-	<u><b>268,403.18</b></u>	=....	<u><b>\$243,470.03</b></u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.****\$243,470.03**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes Fill in the information below.

**General description****Net book value of  
debtor's interest**  
(Where available)**Valuation method used  
for current value****Current value of  
debtor's interest**39. **Office furniture**

Debtor	<b>Noble Life Sciences, Inc.</b> Name	Case number (If known)	
	<b>Furniture - GPS system clocks - Book value \$5380.00</b>	<b>\$0.00</b>	<b>\$538.00</b>
	<b>Furniture - Marketing panels - Book Value \$3462.78</b>	<b>\$0.00</b>	<b>\$346.27</b>
	<b>Furniture - Cubes - Book value \$12497.00</b>	<b>\$0.00</b>	<b>\$1,249.70</b>
40.	<b>Office fixtures</b>		
	<b>Leasehold Improvements - Well - \$4048.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Well - Book value \$3770.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Metal Stairs - Book value \$3520.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Improvements - Book value \$20556.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Termal Corp AC unit - Book value \$21577.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Simplex boiler feed - Book value \$1321.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Burnham boiler - Book value \$7165.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Fulton boiler - Book value \$10456.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvement - Generator - Book value \$10000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Thermal controller - Book value \$4825.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Boiler - Book value \$2814.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Vinyl floor - Book value \$6452.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Air compressor - Book value \$1136.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Debtor Noble Life Sciences, Inc. Case number (If known) \_\_\_\_\_  
 Name

Leasehold Improvements - Septic system - Book value \$23775.00	\$0.00	\$0.00
Leasehold Improvements - Oil tank stem coil boiler - Book value \$6029.00	\$0.00	\$0.00
Leasehold Improvements - 3 80 ton York Cond - Book value \$23589.00	\$0.00	\$0.00
Leasehold Improvements - Controls design - Book value \$14407.00	\$0.00	\$0.00
Leasehold Improvements - Barn flooring - Book value \$7125.00	\$0.00	\$0.00
Leasehold Improvements - HVAC ductwork - Book value \$6590.00	\$0.00	\$0.00
Leasehold Improvements - Barn Flooring - Book value \$2100.00	\$0.00	\$0.00
Leasehold Improvements - HVAC ductwork - Book value \$8590.00	\$0.00	\$0.00
Leasehold Improvements - OR improvements - Book value \$18087.00	\$0.00	\$0.00
Leasehold Improvements - bldg. renovations - Book value \$41949.00	\$0.00	\$0.00
Leasehold Improvements - Roof repair - Book value \$3894.00	\$0.00	\$0.00
Leasehold Improvements - Bldg A duckwork and wiring - Book value \$36063.46	\$0.00	\$0.00
Leasehold Improvements - Walkways and drainage - Book value \$3250.00	\$0.00	\$0.00
Leasehold Improvements - Bldg A heatpump - Book value \$7950.00	\$0.00	\$0.00
Leasehold Improvements - Bldg B HVAC & humidifier - Book value \$28586.50	\$0.00	\$0.00
Leasehold Improvements - HVAC 81 & 82 - Book value \$26435.09	\$0.00	\$0.00

Debtor	<b>Noble Life Sciences, Inc.</b>	Case number (If known)	
	Name		
Leasehold Improvements - HVAC bldg. 2 - Book value \$25106.36	\$0.00		\$0.00
Leasehold Improvements - Replace hearing water pump - Book value \$3000.00	\$0.00		\$0.00
Leasehold Improvements - Reclass purchase/installation of HP Evaporator unit - Book value \$3990.00	\$0.00		\$0.00
Leasehold Improvements - 85 gal well tank - Book value \$1599.00	\$0.00		\$0.00
Leasehold Improvements - Build B FX-80 supervisory controller - Book value \$5130.00	\$0.00		\$0.00
Leasehold Improvements - Care soft water softener S/N: 563505 - Book value \$4215.00	\$0.00		\$0.00
Leasehold Improvements - Steam boiler - Burnham PV8H8ST-HBUR Bldg. B - Book value \$10970.00	\$0.00		\$0.00
Leasehold Improvements - HVAC system replaced, heat pump, air handler, Daiki - Book value \$9100.00	\$0.00		\$0.00
Leasehold Improvements - Well pump Goulds 1 hp (5GS05421) - Book value \$2095.00	\$0.00		\$0.00
Leasehold Improvements - Reminburse facility supplies - Aluminum Walk Ramp - Book value \$1312.99	\$0.00		\$0.00
Leasehold Improvements - Cabinents with sink and faucet - Book value \$12678.88	\$0.00		\$0.00
Leasehold Improvements - Concrete slab and 4 stair cases - Book value \$10000.00	\$0.00		\$0.00
Leasehold Improvements - Replace carpets C bldg. - Book value \$7420.00	\$0.00		\$0.00
Leasehold Improvements - Cube porch for C bldg entrance - Book value \$37000.00	\$0.00		\$0.00
Leasehold Improvements - Installation of urethane flooring - Book value \$10300.00	\$0.00		\$0.00

Debtor	<b>Noble Life Sciences, Inc.</b>	Case number (If known)	
	Name		
Leasehold Improvements - Additional fee to pour concrete behind barn - Book value \$500.00	\$0.00		\$0.00
Leasehold Improvements - Replace water lines - Book value \$8843.00	\$0.00		\$0.00
Leasehold Improvements - Bldg C HVAC 4 new compressors - Book value \$26100.00	\$0.00		\$0.00
Leasehold Improvements - Bldg new HVAC systems - Book value \$13600.00	\$0.00		\$0.00
Leasehold Improvements - New lighting - Book value \$54521.00	\$0.00		\$0.00
Leasehold Improvements - New exterior lighting - Book value \$2632.87	\$0.00		\$0.00
Leasehold Improvements - Brothers Paving - extending driveway - Book value \$10000.00	\$0.00		\$0.00
Leasehold Improvements - Home Depot - wood siding - Book value \$2015.10	\$0.00		\$0.00
Leasehold Improvements - Fernando Chavez - siding repair - Book value \$5400.00	\$0.00		\$0.00
Leasehold Improvements - Fernanco Chavez - roofing materials - Book value \$9000.00	\$0.00		\$0.00
Leasehold Improvements - Second half of Bldg B roof - Book value \$8500.00	\$0.00		\$0.00
Leasehold Improvements - Cullop JW, Inc. - Book value \$9900.00	\$0.00		\$0.00
Leasehold Improvements - Painting Contractors of MD - Book value \$31124.00	\$0.00		\$0.00
Leasehold Improvements - Durex Coverings, Inc. - Book value \$26800.00	\$0.00		\$0.00
Leasehold Improvements - Durex Coverings, Inc. - Book value \$53800.00	\$0.00		\$0.00
Leasehold Improvements - Durex Coverings, Inc. - Book value \$7851.00	\$0.00		\$0.00

Debtor	<b>Noble Life Sciences, Inc.</b> Name	Case number (If known)	
	<b>Leasehold Improvements - Replacement windows - Book value \$4800.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Painting - Book value \$12520.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Painting - Book value \$11030.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Remove repair and install subfloor - Book value \$55305.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Durex coverings extras - Book value \$3500.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Durex coverings remove and replace subfloor - Book value \$67595.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Painting Contractors of MD - Book value \$29888.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - S&amp;K - Book value \$50608.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Cullop - Bldg C Circuit 2 compressor - Book value \$24200.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Cullop - Bldg A heat coil relocation - Book value \$3811.60</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - J&amp;A Deck - Bldg A Roof - Book value \$8844.03</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - O'Connor - Cages Wash Plumbin - Book value \$8211.50</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Leasehold Improvements - Chavez Barn Foundation - Book value \$3300.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
41.	<b>Office equipment, including all computer equipment and communication systems equipment and software Stat Software - Book value \$814.00</b>	<b>\$0.00</b>	<b>\$81.40</b>
	<b>Laptop - Book value \$1112.99</b>	<b>\$0.00</b>	<b>\$111.30</b>
	<b>Laptop - Book value \$1122.22</b>	<b>\$0.00</b>	<b>\$112.22</b>



Debtor **Noble Life Sciences, Inc.** Case number (If known) \_\_\_\_\_  
 Name

<u>Computer - TP - Book value \$1278.33</u>	<u>\$0.00</u>	<u>\$127.83</u>
<u>Computer - Book value \$1384.43</u>	<u>\$0.00</u>	<u>\$138.44</u>
<u>Laptop Computer - Book value \$1470.37</u>	<u>\$0.00</u>	<u>\$147.04</u>
<u>Laptop - Book value \$692.10</u>	<u>\$0.00</u>	<u>\$69.21</u>
<u>Laptop - Book value \$2701.42</u>	<u>\$0.00</u>	<u>\$270.14</u>
<u>Computers - Book value \$5299.95</u>	<u>\$0.00</u>	<u>\$530.00</u>
<u>Computers - Book value \$1059.99</u>	<u>\$0.00</u>	<u>\$106.00</u>
<u>Computers - Book value \$5299.95</u>	<u>\$0.00</u>	<u>\$530.00</u>
<u>Computer - Book value \$364.98</u>	<u>\$0.00</u>	<u>\$36.50</u>
<u>Computer - Book value \$513.54</u>	<u>\$0.00</u>	<u>\$51.35</u>
<u>Computer - Book value \$1580.84</u>	<u>\$0.00</u>	<u>\$158.08</u>
<u>Computer - Book value \$1941.84</u>	<u>\$0.00</u>	<u>\$194.18</u>
<u>Hard Drives - Book value \$292.53</u>	<u>\$0.00</u>	<u>\$29.25</u>
<u>Diskless Rackstation - Book value \$953.99</u>	<u>\$0.00</u>	<u>\$95.40</u>
<u>Laptop - Book value \$1826.11</u>	<u>\$0.00</u>	<u>\$182.61</u>
<u>Dell Computer - Book value \$4924.77</u>	<u>\$0.00</u>	<u>\$492.48</u>
<u>Dell Computer - Book value \$3880.95</u>	<u>\$0.00</u>	<u>\$388.10</u>
<u>Dell Computer - Book value \$1936.62</u>	<u>\$0.00</u>	<u>\$193.66</u>
<u>Dell Computer - Book value \$7370.40</u>	<u>\$0.00</u>	<u>\$737.04</u>
<u>Dell Computer - Book value \$1663.14</u>	<u>\$0.00</u>	<u>\$166.31</u>
<u>Dell Computer - Book value \$2048.79</u>	<u>\$0.00</u>	<u>\$204.88</u>

Debtor **Noble Life Sciences, Inc.** Case number (If known) \_\_\_\_\_  
 Name

<b>Dell Computer - Book value \$1100.33</b>	<b>\$0.00</b>	<b>\$110.03</b>
<b>Dell Computer - Book value \$3582.34</b>	<b>\$0.00</b>	<b>\$358.23</b>
<b>Dell Computer - Book value \$525.58</b>	<b>\$0.00</b>	<b>\$52.56</b>
<b>Dell Computer - Book value \$1649.01</b>	<b>\$0.00</b>	<b>\$164.90</b>
<b>Dell Computer 2 Laptops - Book value \$3495.40</b>	<b>\$0.00</b>	<b>\$349.54</b>
<b>Laptops Neximmune 2 used - Book value \$1000.00</b>	<b>\$0.00</b>	<b>\$100.00</b>

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$8,422.65**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. <b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
48. <b>Watercraft, trailers, motors, and related accessories</b> <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. <b>Aircraft and accessories</b>			
50. <b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
<b>Equipment - microscope - Book value \$1645.00</b>	<b>\$0.00</b>		<b>\$164.50</b>
<b>Equipment - surgical scrub sink - Book value \$3000.00</b>	<b>\$0.00</b>		<b>\$300.00</b>

Debtor	<b>Noble Life Sciences, Inc.</b>	Case number (If known)	
	Name		
<b>Equipment - scale - Book value \$4339.00</b>	<b>\$0.00</b>		<b>\$433.90</b>
<b>Equipment -surgery lights - Book value \$1843.00</b>	<b>\$0.00</b>		<b>\$184.30</b>
<b>Equipment - stainless rack - Book value \$8571.00</b>	<b>\$0.00</b>		<b>\$857.10</b>
<b>Equipment - stainless sink - Book value \$1179.00</b>	<b>\$0.00</b>		<b>\$117.90</b>
<b>Equipment - pig cages - Book value \$7530.00</b>	<b>\$0.00</b>		<b>\$753.00</b>
<b>Equipment - pet gurney - Book value \$1351.00</b>	<b>\$0.00</b>		<b>\$135.10</b>
<b>Equipment - anesthesia machine - Book value \$2396.00</b>	<b>\$0.00</b>		<b>\$239.60</b>
<b>Equipment - Allegrea 64R Centrifuge - Book value \$4000.00</b>	<b>\$0.00</b>		<b>\$400.00</b>
<b>Equipment - Anesthesia system - Book value \$6348.00</b>	<b>\$0.00</b>		<b>\$634.80</b>
<b>Equipment - BioMedic DataSys lab animal chip sys - Book value \$4361.50</b>	<b>\$0.00</b>		<b>\$436.15</b>
<b>Equipment - Lighttools Research - Book value \$32020.00</b>	<b>\$0.00</b>		<b>\$3,202.00</b>
<b>Equipment - Molecular Dev plat reader - Book value \$7245.37</b>	<b>\$0.00</b>		<b>\$724.54</b>
<b>Equipment - VetSpec Temp, pulse, respirator - Book value \$2050.00</b>	<b>\$0.00</b>		<b>\$205.00</b>
<b>Equipment - Portable surgical light - Book value \$2720.00</b>	<b>\$0.00</b>		<b>\$272.00</b>
<b>Equipment - 9600 Carm - Book value \$54500.00</b>	<b>\$0.00</b>		<b>\$5,450.00</b>
<b>Equipment - NuAire BSC - Book value \$4213.50</b>	<b>\$0.00</b>		<b>\$421.35</b>
<b>Equipment - Lab Equip - Book value \$2340.00</b>	<b>\$0.00</b>		<b>\$234.00</b>

Debtor	<b>Noble Life Sciences, Inc.</b>	Case number (If known)	
	Name		
Equipment - 2-ESCO Hoods - Book value \$4500.00	\$0.00		\$450.00
Equipment - VetEquip IMPAC 4 Chamber Anesthesia Unit - Book value \$859.53	\$0.00		\$85.95
Equipment - telephone paging system - Book value \$1518.70	\$0.00		\$151.87
Equipment - Freezer - Book value \$3704.70	\$0.00		\$370.47
Equipment - Purchase IVIS Imaging System - Book value \$12955.11	\$0.00		\$12,955.51
Equipment - Iprecio Drug Infusion Management System - Book value \$2819.96	\$0.00		\$282.00
Equipment - Camera - Book value \$5000.00	\$0.00		\$500.00
Equipment - Camera sales tax - Book value \$300.00	\$0.00		\$30.00
Equipment - MACSQant Analyzer 10 refurbished - Book value \$101075.00	\$0.00		\$10,107.50
Equipment - 40 ft. container grade B sale - Book value \$2510.00	\$0.00		\$251.00
Equipment - Computer - Book value \$1489.00	\$0.00		\$148.90
Equipment - Lab work station Book value \$1647.08	\$0.00		\$164.71
Equipment - 1 IPTT Portable Readers U02-101 - Book value \$5048.45	\$0.00		\$504.85
Equipment - Wide angle lens attachment - Book value \$3417.58	\$0.00		\$341.76
Equipment - Compaq Refridge - Book value \$2750.28	\$0.00		\$275.03
Equipment - Dicom Box - Book value \$3840.00	\$0.00		\$384.00
Equipment - Rabbit rack divider panel & pans - Book value \$34954.62	\$0.00		\$3,495.46

Debtor	<b>Noble Life Sciences, Inc.</b>	Case number (If known)	
	Name		
Equipment - Rabbit rack engineering and fixture cost - Book value \$4968.66	\$0.00		\$496.87
Equipment - Rabbit Rack SS Is pans - Book value \$983.43	\$0.00		\$98.34
Equipment - Rabbit rack divider panel and pans - Book value \$76947.62	\$0.00		\$7,694.76
Equipment - Sartorius CP225D sn 1952507 & advance phrama corr - Book value \$3052.00	\$0.00		\$305.20
Equipment - agreement calibration lab - Book value \$65.00	\$0.00		\$6.50
Equipment - VWR Water Jacketed C02 Incubator 2325 - Book value \$2120.00	\$0.00		\$212.00
Equipment - Sept 2019 AmEx & credit card expenses - Book value \$600.00	\$0.00		\$60.00
Equipment - Implantable Program Temperature Transponder - Book value \$1068.00	\$0.00		\$106.80
Equipment - SpectraMax M5 Panasonic laptop Toughbook model - Book value \$11463.90	\$0.00		\$1,146.39
Equipment - Programmable Non-Temp Transponder - Book value \$963.00	\$0.00		\$96.30
Equipment - Programmable Temp Transponder - Book value \$1068.00	\$0.00		\$106.80
Equipment - Nuaire NU-677-400 BSC sn #171871122215 - Book value \$1000.00	\$0.00		\$100.00
Equipment - ESCO UA-\$A2 BSC sn #2014-87738 - Book value \$1500.00	\$0.00		\$150.00
Equipment - Cage washer cost - Book value \$184830.80	\$0.00		\$18,483.08
Equipment - 2 BSC's (biological hoods) - Book value \$600.00	\$0.00		\$60.00
Equipment - crating, packing and insured shipping - Book value \$495.00	\$0.00		\$49.50

Debtor	<b>Noble Life Sciences, Inc.</b>	Case number (If known)	
	Name		
Equipment - Fisher Scientific Isotemp 210 Digital Water Bath - Book value \$670.00	\$0.00		\$67.00
Equipment - Eppendorf MTP Microplate Buckets for A-4-62 - Book value \$795.00	\$0.00		\$79.50
Equipment - 2 Eppendorf 5810R Refrigerated Centrifuge - Book value \$15650.00	\$0.00		\$1,565.00
Equipment - Invitrogen Countess II Automated Cell Counter - Book value \$2880.00	\$0.00		\$288.00
Equipment - 4 Gilson P2, P10, P20, P100, P200, P100, P5000 Pipe - Book value \$4500.00	\$0.00		\$450.00
Equipment - 2 Sanyo MCO-18A1C CO2 Incubator - Book value \$5890.00	\$0.00		\$589.00
Equipment - 4 Eppendorf 5417R Refrigerator Centrifuge - Book value \$14540.00	\$0.00		\$1,454.00
Equipment - 2 Fisher Scientific 2328 Dual Digital Water Bath, 230V - Book value \$1950.00	\$0.00		\$195.00
Equipment - Life Tech PCR - Book value \$53118.30	\$0.00		\$5,311.83
Equipment - BioMedic Temp Transponder - Book value \$1911.00	\$0.00		\$191.10
Equipment - BioMedic Portable reader - Book value \$3963.00	\$0.00		\$396.30
Equipment - 15 Innovive Racks - Book value	\$0.00		\$42,161.25
Equipment - Bionet BM5 Vet Pro Anesthesia Monitor - Book value \$3766.90	\$0.00		\$376.69
Equipment - 96 Well Qstudio - Book value \$46278.01	\$0.00		\$4,627.80
Equipment - 90 Standard Upright Freezer Racks - Book value \$12327.60	\$0.00		\$1,232.76
Equipment - Omega Jacobs Twist Drill 4.5mm - Book value \$289.92	\$0.00		\$28.99

Debtor	<b>Noble Life Sciences, Inc.</b> Name	Case number (If known)	
Equipment - Series 3 Drill Jacobs Chuck Attachment - Book value \$2200.00	\$0.00		\$220.00
Equipment - ProVis Injector System J03-106 - Book value \$1484.00	\$0.00		\$148.40
Equipment - Ebay - Book value \$2013.95	\$0.00		\$201.40
Equipment - Red Lion Medical Safety, Inc. - Book value \$6375.00	\$0.00		\$637.50
Equipment - Red Lion Medical Safety, Inc. - Book value \$5795.00	\$0.00		\$579.50
Equipment - Nanodrop One Security - Book value \$18036.00	\$0.00		\$1,803.60
Equipment - Custom BioGenic Systems - Book value \$17345.51	\$0.00		\$1,734.55
Equipment - Just Medical, Bionet BM5 - Book value \$3899.00	\$0.00		\$389.90
Equipment - Animal lift table with scale - Book value \$3964.00	\$0.00		\$396.40
Equipment - Afab Lab C Building Case Work - Book value \$45000.00	\$0.00		\$4,500.00
Equipment - Afab Lab Lab build second installment - Book value \$51999.05	\$0.00		\$5,199.91
Equipment - Automated humidity & temp monitoring - Book value \$11476.15	\$0.00		\$1,147.62
Equipment - Afab Lab (2) Thermo BSC unit with stand - Book value \$10600.00	\$0.00		\$1,060.00
Equipment - Afab Lab Lab build second installment - Book value \$30000.00	\$0.00		\$3,000.00
Equipment - Qiagen Equipment Purchase dPCR - Book value \$101123.50	\$0.00		\$27,483.51
Equipment - Afab Lab ESCO Class II BSC Unit 4240 - Book value \$4240.00	\$0.00		\$424.00

Debtor	<b>Noble Life Sciences, Inc.</b> Name	Case number (If known)	
Equipment - Atlantic Blue - rework water treatment plant - Book value \$7299.93	\$0.00		\$729.99
Equipment - Monnit Corp. - Book value \$1986.42	\$0.00		\$198.64
Equipment - Affinia Digital Standard Sterotaxic - Book value \$13656.75	\$0.00		\$3,414.12
Equipment - Qiagen Installed and training - Book value \$8810.53	\$0.00		\$881.05
Equipment - Fisher Scientific Incubator - Book value \$32520.22	\$0.00		\$8,130.05
Equipment - Kent Scientific Anesthesia - Book value \$30068.00	\$0.00		\$7,517.00
Equipment - TSX-86 Freezer - Book value \$10600.00	\$0.00		\$2,650.00
Equipment - Large Capacity Animal Scale - Book value \$3706.30	\$0.00		\$370.63
Equipment - Smart Well Incubator Mesa Labs - Book value \$2880.15	\$0.00		\$288.02
Equipment - BSC AFAB - Book value \$5300.00	\$0.00		\$530.00
Equipment - BSC AFAB - Book value \$5250.00	\$0.00		\$525.00
Equipment - Pipettors Integra - Book value \$3362.91	\$0.00		\$336.29
Equipment - Block Sci Abbott i-STAT blood analyzer - Book value \$5015.10	\$0.00		\$501.51
Equipment - Avidity Portable reader - Book value \$3294.06	\$0.00		\$329.41
Equipment - Freezer AFAB - Book value \$7163.00	\$0.00		\$716.30
Equipment - The Scale People - 2 scales rat and mouse - Book value \$9337.45	\$0.00		\$933.75



Debtor **Noble Life Sciences, Inc.** Case number (If known) \_\_\_\_\_

Name

**Equipment - Labex Rat metabolic rack - Book value \$5595.00****\$0.00****\$559.50****Equipment - Innovive used rat rack - Book value \$7888.80****\$0.00****\$788.88****Equipment - Avante Health defibrillator - Book value \$2846.00****\$0.00****\$284.60****Equipment - Ebay Microscope - Book value \$2161.37****\$0.00****\$216.14**51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$212,678.18**52. **Is a depreciation schedule available for any of the property listed in Part 8?**☐ No☒ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☐ No☒ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes Fill in the information below.**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes Fill in the information below.**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.☐ Yes Fill in the information below.

Debtor **Noble Life Sciences, Inc.**  
Name

Case number (If known)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$5,065.04</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$18,821.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$243,470.03</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$8,422.65</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$212,678.18</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$488,456.90</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$488,456.90</b>

**Fill in this information to identify the case:**Debtor name **Noble Life Sciences, Inc.**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>APEX Commercial Capital Corp</b> Creditor's Name <b>1 Walnut Grove Drive, Suite 300</b> <b>Horsham, PA 19044</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>05/31/2023</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>05/31/2023 Equipment</b>  Describe the lien <b>UCC</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$55,976.40</b>	<b>Unknown</b>

2.2	<b>APEX Commercial Capital Corp</b> Creditor's Name <b>1 Walnut Grove Drive, Suite 300</b> <b>Horsham, PA 19044</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>	Describe debtor's property that is subject to a lien <b>05/31/2023 Equipment</b>  Describe the lien <b>UCC</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	<b>\$0.00</b>	<b>\$0.00</b>
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Debtor **Noble Life Sciences, Inc.**

Case number (if known)

Name

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.3

**APEX Commercial Capital Corporation**

Creditor's Name

**1 Walnut Grove Drive, Suite 300  
Horsham, PA 19044**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.Describe debtor's property that is subject to a lien  
**Equipment****\$23,375.37****Unknown**

Describe the lien

**UCC - Equipment**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.4

**Corporation Service Co. Representative**

Creditor's Name

**P.O. Box 2576  
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**04/21/2025**

Last 4 digits of account number

**7654**

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**04/21/2025 Secured Party has purchased certain "Future Receipts" from Debtor.****Unknown****Unknown**

Describe the lien

**Agreement,UCC**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

2.5

**CORPORATION SERVICE COMPANY, AS**

Describe debtor's property that is subject to a lien

**Unknown****Unknown**

Debtor **Noble Life Sciences, Inc.** Case number (if known)

Name

Creditor's Name

**Representative Ref. Non  
3104 07654  
P.O. Box 2576  
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number  
**3386**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**0/25/2025 ALL ACCOUNTS RECEIVABLE,  
HEREAFTER ACQUIRED ..**

Describe the lien

**Agreement**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.6 Fulton Bank, N.A.**

Creditor's Name

**One Penn Square  
Lancaster, PA 17602**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**11/02/2021**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**11/02/2021 All Accounts, Inventory,  
Equipment, Instruments, Chattel Paper and  
General Intangibles**

**\$3,063,611.34****\$243,470.03**

Describe the lien

**Judgment Lien and UCC**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed**2.7 Fulton Bank, N.A.**

Creditor's Name

**9151 Baltimore National  
Pike  
Ellicott City, MD 21042**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**05/11/2023**

Last 4 digits of account number

Describe debtor's property that is subject to a lien

**05/11/2023  
Equipment**

**\$64,489.65****Unknown**

Describe the lien

**Judgment**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Noble Life Sciences, Inc.**

Case number (if known)

Name

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.8** **Fulton Bank, N.A.**

Creditor's Name

**9151 Baltimore National Pike  
Ellicott City, MD 21042**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**09/08/2020**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**09/08/2020 All assets****Unknown****\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.9** **Mitsubishi HC Capital America, Inc.**

Creditor's Name

**7201 Metro Boulevard  
Minneapolis, MN 55439**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**04/21/2025**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**04/21/2025 All assets rights to and interest in the Equipment, together with all proceeds, attachments, accessories, parts, additions and any substitutions thereto, under Equipment Finance Agreement No. 6086200-001****\$0.00****\$0.00****UCC filed 03/30/2025**

Describe the lien

**Agreement,UCC**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.1** **US Bank Equipment Finance**

Describe debtor's property that is subject to a lien

**\$45,039.00****\$41,724.62**

Debtor **Noble Life Sciences, Inc.**

Case number (if known)

Name

Creditor's Name

**05/20/21 All Assets****P.O. Box 790448  
Saint Louis, MO 63179**

Creditor's mailing address

Describe the lien

**Judgment Lien and UCC**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Creditors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

**02/06/2023**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$3,252,491.7  
6****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**BETA CAT PHARMACEUTICALS, LLC  
1500 Fannie Dorsey Road  
Sykesville, MD 21784**Line 2.5**CSC  
801 Adlai Stevenson Drive  
Springfield, IL 62703**Line 2.4**7654****CSC  
801 Adlai Stevenson Drive  
Springfield, IL 62703**Line 2.5**7654****Hitachi Capital America Corp.  
7808 Creekrige Circle, Suite 250  
Minneapolis, MN 55439**Line 2.9**INNOFORCE U.S. INC.  
1500 Fannie Dorsey Road  
Sykesville, MD 21784**Line 2.5**INTERNATIONAL GENETICS ASSOC  
1500 Fannie Dorsey Road  
Sykesville, MD 21784**Line 2.5**Kenneth Charles Carter  
1500 Fannie Dorsey Road  
Sykesville, MD 21784**Line 2.5

Debtor **Noble Life Sciences, Inc.**

Name

Case number (if known)

**Michael D. Nord, Esquire  
Gebhardt & Smith  
One South Street  
Baltimore, MD 21202**

Line **2.6**



**Fill in this information to identify the case:**Debtor name **Noble Life Sciences, Inc.**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Commissioners of Carroll County Collection Office 225 N. Center Street Port Royal, VA 22535-4300</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$22,535.43</b>	<b>\$22,535.43</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Comptroller of Maryland - Baltimore 301 West Preston Street, Suite 409 Baltimore, MD 21201</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor <b>Noble Life Sciences, Inc.</b>	Case number (if known) _____
Name _____	

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2.3</div> Priority creditor's name and mailing address <b>Internal Revenue Service Special Procedures Section P.O. Box 1076 Baltimore, MD 21203</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;">\$0.00</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;">\$0.00</div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Date or dates debt was incurred _____</div> <div style="width: 40%;">Basis for the claim: _____</div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           Last 4 digits of account number _____             Specify Code subsection of PRIORITY            unsecured claim: 11 U.S.C. § 507(a) (8)         </div> <div style="width: 40%;">           Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes         </div> </div>		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.1</div> Nonpriority creditor's name and mailing address <b>Accelevir Diagnostics 701 East Pratt Street Baltimore, MD 21202</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;">\$3,066.00</div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.2</div> Nonpriority creditor's name and mailing address <b>Adobe Creative Cloud 29322 Network Place Chicago, IL 60673</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;">\$6,699.98</div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.3</div> Nonpriority creditor's name and mailing address <b>ADT Security Services, Inc. P.O. Box 371878 Pittsburgh, PA 15250-7878</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;">\$686.71</div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.4</div> Nonpriority creditor's name and mailing address <b>Alexandra Whitaker 205 Evans Street Rockville, MD 20850</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Internet and marketing consulting service</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;">\$168,679.00</div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.5</div> Nonpriority creditor's name and mailing address <b>American College of Toxicology 11190 Sunrise Valley Drive, Ste. 300 Reston, VA 20191</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;">\$1,500.00</div>

Debtor <b>Noble Life Sciences, Inc.</b>		Case number (if known) _____	
Name			
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>P.O. Box 1270</b> <b>Newark, NJ 07101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$135,369.08</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>P.O. Box 1270</b> <b>Newark, NJ 07101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75,352.93</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Animal Specialties &amp; Provisions</b> <b>600 Commerce Drive</b> <b>Quakertown, PA 18951</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,779.83</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Antech Diagnostics GLP</b> <b>P.O. Box 842964</b> <b>Dallas, TX 75284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,230.00</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Antech Diagnostics GLP</b> <b>P.O. Box 842964</b> <b>Dallas, TX 75284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,166.08</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>APEX Capital</b> <b>1 Walnut Grove Drive</b> <b>Suite 300</b> <b>Horsham, PA 19044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,629.76</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Archer Farms, Inc</b> <b>P.O. Box 322</b> <b>Darlington, MD 21034</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,750.00</b>

Debtor	<b>Noble Life Sciences, Inc.</b> Name _____	Case number (if known) _____
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Avidity Science, LLC</b> <b>819 Bakke Avenue</b> <b>Waterford, WI 53185</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,743.00</b>
<hr/>			
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>BioIT Solutions, Inc.</b> <b>13501 Rippling Brook Drive</b> <b>Silver Spring, MD 20906</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,500.00</b>
<hr/>			
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Biomedical Waste Services, Inc.</b> <b>7610 Energy Parkway</b> <b>Curtis Bay, MD 21226</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,729.80</b>
<hr/>			
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Bloom Valley Farms, Inc.</b> <b>384 Bucher John Road</b> <b>Union Bridge, MD 21791</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,380.00</b>
<hr/>			
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Broadview Waste Solutions, Inc</b> <b>7609 Energy Pkwy</b> <b>Suite 1001</b> <b>Baltimore, MD</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,381.00</b>
<hr/>			
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>C-Arm Associates, LLC</b> <b>6309 Fort Smallwood Road</b> <b>Suite 1</b> <b>Curtis Bay, MD 21226</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,848.00</b>
<hr/>			
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Charles River Laboratories</b> <b>GPO Box 27812</b> <b>New York, NY 10087-7812</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$69,487.64</b>

Debtor <b>Noble Life Sciences, Inc.</b>		Case number (if known) _____	
Name			
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Constellation Energy</b> <b>P.O. Box 4911</b> <b>Houston, TX 77210</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,416.54</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Diversified Laboratory Repair, Inc.</b> <b>7977 Cessna Avenue</b> <b>Gaithersburg, MD 20879</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,520.00</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>EBF Holdings LLC</b> <b>d/b/a Everest Business Funding</b> <b>102 W. 38th Street</b> <b>New York, NY 10018</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchant Cash Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$112,141.50</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Edwin Gershom</b> <b>312-10177 River Drive</b> <b>Richmond British Columbia V6X-0S2</b> <b>Canada</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,552.72</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Employee Services, LLC</b> <b>L-4412 GW2W10</b> <b>7 Easton Oval</b> <b>Columbus, OH 43219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,550.00</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Envigo RMS</b> <b>Inotiv Collections</b> <b>P.O. Box 8523</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$42,065.52</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Envigo Teklad</b> <b>Inotiv Collections</b> <b>P.O. Box 8523</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,431.25</b>

Debtor	<b>Noble Life Sciences, Inc.</b> Name _____	Case number (if known) _____
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>EPL Pathology Archives, LLC</b> <b>P.O. Box 645841</b> <b>Pittsburgh, PA 15264</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,302.08</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>FedEx</b> <b>P.O. Box 18.63</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,272.25</b>
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Fisher Scientific, Inc.</b> <b>P.O. Box 3648</b> <b>Boston, MA 02241-3648</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,174.97</b>
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>FoxHire</b> <b>P.O. Box 6881</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Fulton Bank</b> <b>P.O. Box 4887</b> <b>Lancaster, PA 17604</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51,827.26</b>
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Fulton Bank</b> <b>P.O. Box 4887</b> <b>Lancaster, PA 17604</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>George Mason University</b> <b>Cashier's Office</b> <b>Mail Stop 2E1</b> <b>4400 University Drive</b> <b>Fairfax, VA 22030</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$74,685.20</b>
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Debtor	<b>Noble Life Sciences, Inc.</b> Name _____	Case number (if known) _____
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3.34	<b>Nonpriority creditor's name and mailing address</b> <b>HistroServ</b> <b>19526 Amaranth Drive</b> <b>Germantown, MD 20874</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,599.00</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>HSRL Holdings, LLC</b> <b>5930 Main Street</b> <b>Mount Jackson, VA 22842</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,952.81</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Hunter Caroline Holdings</b> <b>333 Pearsall Ave.</b> <b>Cedarhurst, NY 11516</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchant cash loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$180,375.00</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>InfoPathways, Inc.</b> <b>25 Liberty Street</b> <b>Westminster, MD 21157</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>IT Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,032.36</b>
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Instem LSS Limited</b> <b>161 Washington Street</b> <b>Suite 1550</b> <b>Conshohocken, PA 19428</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$52,269.00</b>
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Integrated DNA Technologies</b> <b>P.O. Box 74007330</b> <b>Chicago, IL 60674-7330</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,718.36</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>J.W. Cullop, Inc.</b> <b>7404 Woodville Road</b> <b>Mount Airy, MD 21771</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Critical Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,326.18</b>

Debtor Name	Case number (if known)
<b>Noble Life Sciences, Inc.</b>	
<b>3.41</b> Nonpriority creditor's name and mailing address <b>Jaffe Capital</b> <b>99 Wall Street, No. 1540</b> <b>Narrowsburg, NY 12764-4000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$122,538.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchant Cash Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.42</b> Nonpriority creditor's name and mailing address <b>Landauer, Inc.</b> <b>P.O. Box 809051</b> <b>Chicago, IL 60680-9051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$4,338.13</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.43</b> Nonpriority creditor's name and mailing address <b>Life Technologies Corporation</b> <b>12088 Collection Center Drive</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$16,161.37</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.44</b> Nonpriority creditor's name and mailing address <b>Linde Gas &amp; Equipment, Inc.</b> <b>P.O. Box 382000</b> <b>Pittsburgh, PA 15250-8000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$11,377.23</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.45</b> Nonpriority creditor's name and mailing address <b>Maryland Department of Health</b> <b>Accounts Receivable</b> <b>201 W. Preston Street</b> <b>ATTN: Trisha Walters</b> <b>Baltimore, MD 21201-2398</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$10,000.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.46</b> Nonpriority creditor's name and mailing address <b>McKesson Medical Surgical</b> <b>P.O. Box 634404</b> <b>Cincinnati, OH 45274-0215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,338.42</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.47</b> Nonpriority creditor's name and mailing address <b>Oak Hill Genetics, LLC</b> <b>21434 Oak Hill Road</b> <b>Ewing, IL 62836</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$8,682.39</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor	<b>Noble Life Sciences, Inc.</b> Name _____	Case number (if known) _____
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3.48	<b>Nonpriority creditor's name and mailing address</b> <b>PandaDoc</b> <b>3439 Balboa Street</b> <b>San Francisco, CA 94121</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,934.25</b>
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3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Penn Veterinary Supply</b> <b>P.O. Box 646016</b> <b>Pittsburgh, PA 15264-6016</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,058.04</b>
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3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Pharmascience, Inc.</b> <b>6111 Royalmount</b> <b>Suite 100</b> <b>Montreal QC H4P 2T4, Canada</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,398.00</b>
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3.51	<b>Nonpriority creditor's name and mailing address</b> <b>PointCross Life Sciences, Inc.</b> <b>1291 East Hilldale Blvd.</b> <b>Suite 304</b> <b>San Mateo, CA 94404</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,100.00</b>
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3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Qiagen, LLC</b> <b>P.O. Box 5132</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,060.00</b>
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3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Quality Business Solutions</b> <b>P.O. Box 42668</b> <b>Baltimore, MD 21284-2668</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,402.46</b>
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3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Renee Pearson Consulting</b> <b>2973 Southeast Summerfield Drive</b> <b>Corvallis, OR 97333</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,400.00</b>
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Debtor	<b>Noble Life Sciences, Inc.</b> Name _____	Case number (if known) _____
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3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Revvity Health Sciences, Inc.</b> <b>13633 Collections Center Drive</b> <b>Chicago, IL 60693-0136</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,649.46</b>
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3.56	<b>Nonpriority creditor's name and mailing address</b> <b>SAI Infusion Technologies</b> <b>278 Park Ave</b> <b>Lake Villa, IL 60046</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,251.54</b>
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3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Salary.com</b> <b>610 Lincoln Street</b> <b>North Building</b> <b>Suite 200</b> <b>Waltham, MA 02451</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,600.00</b>
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3.58	<b>Nonpriority creditor's name and mailing address</b> <b>SAS Institute, Inc.</b> <b>P.O. Box 406922</b> <b>Atlanta, GA 30384-6922</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>\$13,872.00</b>
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3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Shaw Property Management</b> <b>258 Longpoint Road</b> <b>Crownsville, MD 21032</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent past due</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$145,223.57</b>
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3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Sigma Aldrich, Inc.</b> <b>P.O. Box 734283</b> <b>Chicago, IL 60673-4283</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,741.02</b>
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3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Staples</b> <b>P.O. Box 105748</b> <b>Atlanta, GA 30348-5748</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,028.56</b>
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Debtor	<b>Noble Life Sciences, Inc.</b> Name _____	Case number (if known) _____
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3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Steve Shipley</b> <b>2090 Pineola Bog Trail</b> <b>Apex, NC 27502</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,000.00</b>
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3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Technical Safety Services, LLC</b> <b>Dept. CH 17717</b> <b>Palatine, IL 60055</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,095.45</b>
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3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Tektronix, Inc.</b> <b>7416 Collection Center Drive</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,714.03</b>
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3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Tevis Energy, Inc.</b> <b>82 John Street</b> <b>P.O. Box 26</b> <b>Westminster, MD 21158-0026</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,221.81</b>
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3.66	<b>Nonpriority creditor's name and mailing address</b> <b>The Jackson Laboratory</b> <b>90260 Collection Center Drive</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Animals</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$68,768.92</b>
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3.67	<b>Nonpriority creditor's name and mailing address</b> <b>The Scale People, Inc.</b> <b>9693-C Gerwig Lane</b> <b>Columbia, MD 21046-2849</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,526.82</b>
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3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Uline Shipping Supply</b> <b>Accounts Receivable</b> <b>P.O. Box 88741</b> <b>Chicago, IL 60680-1741</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,536.82</b>
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Debtor	<b>Noble Life Sciences, Inc.</b> Name _____	Case number (if known) _____
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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>US Bank Equipment Finance</b> <b>P.O. Box 790448</b> <b>Saint Louis, MO 63179</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,656.00</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>VRL</b> <b>P.O. Box 40100</b> <b>San Antonio, TX 78229</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,283.42</b>
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>VWR International</b> <b>P.O. Box 640169</b> <b>Pittsburgh, PA 15264-0169</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,104.32</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Wakefield Farm, LLC</b> <b>159 Ruth Shriver Road</b> <b>Westminster, MD 21158</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Critical Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,804.00</b>
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Water Testing Labs of Maryland, Inc.</b> <b>P.O. Box 712</b> <b>1000 Butterworth Court</b> <b>Stevensville, MD 21666</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,975.00</b>
3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Workforce Genetics, LLC</b> <b>101 W. Dickman Street, Ste. 1000</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,500.00</b>
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>World Courier, Inc.</b> <b>P.O. Box 842325</b> <b>Boston, MA 02284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,959.42</b>

Debtor **Noble Life Sciences, Inc.**

Case number (if known) \_\_\_\_\_

Name

3.76 Nonpriority creditor's name and mailing address

**Zymo Research Corporation**  
**17062 Murphy Avenue**  
**Irvine, CA 92614**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.***\$4,993.11**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Alain Cappeluti</b> <b>33 NE 21st Ave. No. 204</b> <b>Palm Beach Gardens, FL 33410</b>	Line <u><b>3.36</b></u>  <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Stephen Horrigan</b> <b>902 N. Market Street</b> <b>Annapolis Junction, MD 20701</b>	Line <u><b>3.36</b></u>  <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u><b>22,535.43</b></u>
5b. +	\$ <u><b>1,885,484.37</b></u>
5c.	\$ <u><b>1,908,019.80</b></u>

**Fill in this information to identify the case:**Debtor name **Noble Life Sciences, Inc.**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Copier Lease**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Quality Business Solutions  
P.O. Box 42668  
Towson, MD 21204**2.2. State what the contract or lease is for and the nature of the debtor's interest **Facility Rent**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Shaw Property Management  
258 Longpoint Road  
Crownsville, MD 21032**

**Fill in this information to identify the case:**Debtor name **Noble Life Sciences, Inc.**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Alain Cappeluti** **333 NE 21st Ave. No. 204  
Deerfield Beach, FL 33341**  
**This is disputed.**

**American Express**

☐ D \_\_\_\_\_  
☒ E/F **3.6**  
☐ G \_\_\_\_\_

2.2 **Alain Cappeluti** **333 NE 21st Ave. No. 204  
Deerfield Beach, FL 33341**

**Jaffe Capital**

☐ D \_\_\_\_\_  
☒ E/F **3.41**  
☐ G \_\_\_\_\_

2.3 **Kenneth Carter** **10316 Caqvanaugh Court  
Rockville, MD 20850**

**EBF Holdings LLC**

☐ D \_\_\_\_\_  
☒ E/F **3.22**  
☐ G \_\_\_\_\_

2.4 **Kenneth Carter** **10316 Caqvanaugh Court  
Rockville, MD 20850**

**Jaffe Capital**

☐ D \_\_\_\_\_  
☒ E/F **3.41**  
☐ G \_\_\_\_\_

2.5 **Ramesh B. Potla** **5042 Gaithers Chance Drive  
Clarksville, MD 21029**

**Fulton Bank, N.A.**

☒ D **2.6**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

Debtor **Noble Life Sciences, Inc.**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.6	<b>Srujana Cherukuri</b>	<b>5042 Gaithers Chance Drive Clarksville, MD 21029</b>	<b>Fulton Bank, N.A.</b>	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.7	<b>Srujana Cherukuri</b>	<b>5042 Gaithers Chance Drive Clarksville, MD 21029</b>	<b>American Express</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
2.8	<b>Srujana Cherukuri</b>	<b>5042 Gaithers Chance Drive Clarksville, MD 21029</b>	<b>EBF Holdings LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.22</u> <input type="checkbox"/> G _____



**Fill in this information to identify the case:**Debtor name Noble Life Sciences, Inc.United States Bankruptcy Court for the: DISTRICT OF MARYLAND

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/25

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****For prior year:**  
From **1/01/2024** to **12/31/2024****Sources of revenue**  
Check all that apply☒ Operating a business☐ Other \_\_\_\_\_**Gross revenue**  
(before deductions and exclusions)**\$6,386,000.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**  
*Check all that apply*3.1. **To be provided after the bankruptcy is filed****\$0.00**☐ Secured debt  
☐ Unsecured loan repayments  
☐ Suppliers or vendors  
☐ Services  
☐ Other \_\_\_\_\_**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership

Debtor **Noble Life Sciences, Inc.**

Case number (if known)

debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>Fulton Bank v. Noble Life Sciences, Inc. et al.</b> <b>C-06-CV-25-000187</b>	<b>Bank loan</b> <b>Michael D. Nord,</b> <b>Esquire</b> <b>Gebhardt &amp; Smith</b> <b>One South Street,</b> <b>Suite 2200</b> <b>Baltimore, MD</b> <b>21202-3281</b>	<b>Circuit Court for Carroll County</b> <b>55 N. Court Street</b> <b>Westminster, MD 21157</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

Debtor **Noble Life Sciences, Inc.**

Case number (if known)

☐ None**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

**Dates of loss****Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.
**Who was paid or who received the transfer?**  
**Address**

11.1.

**Scarlett & Croll, P.A.**  
**306 W. Chesapeake Ave.**  
**Towson, MD 21204**
**If not money, describe any property transferred**
**Pre and Post Bankruptcy monies as disclosed to the Bankruptcy Court:**

05/23/25 Bill	\$10,309.50
05/27/25 Payment	\$20,000.00
06/14/25 Bill	\$12,418.90
06/16/25 Payment	\$9,609.50
06/22/25 Bill	\$7,665.90
06/22/25 Payment	\$7,665.90

**Dates**
**Some monies were placed in the Firm's escrow account.**
**Total amount or value****Unknown**
**Email or website address**  
**www.scarlettcroll.com**
**Who made the payment, if not debtor?****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property - by sale, trade, or any other means - made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.
**Who received transfer?**  
**Address**
**Description of property transferred or payments received or debts paid in exchange**
**Date transfer was made**
**Total amount or value**
**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **Noble Life Sciences, Inc.**

Case number (if known) \_\_\_\_\_

☐ Does not apply

Address

Dates of occupancy  
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services  
the debtor providesIf debtor provides meals  
and housing, number of  
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Noble 401K Plan**

Employer identification number of the plan

EIN: \_\_\_\_\_

Has the plan been terminated?

- ☒ No
- ☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ NoneFinancial Institution name and  
AddressLast 4 digits of  
account numberType of account or  
instrumentDate account was  
closed, sold,  
moved, or  
transferredLast balance  
before closing or  
transfer**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **Noble Life Sciences, Inc.**

Case number (if known) \_\_\_\_\_

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☐ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☐ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☐ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

Debtor **Noble Life Sciences, Inc.**

Case number (if known) \_\_\_\_\_

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. <b>Alain Cappeluti</b>	
26a.2. <b>Artemis Wenemmia</b>	
26a.3. <b>Shaun Maidens</b>	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26b.1. <b>Fulton Bank, N.A. One Penn Square Lancaster, PA 17602</b>	

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
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26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. <b>Fulton Bank, N.A. One Penn Square Lancaster, PA 17602</b>

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people**

Debtor **Noble Life Sciences, Inc.**

Case number (if known)

in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Alain Cappeluti	333 NE 21st Ave No. 204 Deerfield Beach, FL 33441	Board Member and President 1,265,499 Shares	11.6
Name	Address	Position and nature of any interest	% of interest, if any
Kenneth Carter	10316 Cavanaugh Court Rockville, MD 20850	Board Member 2,031,100 shares	18.6
Name	Address	Position and nature of any interest	% of interest, if any
Stephen Horrigan	902 N. Market Street Annapolis Junction, MD 20701	Board Member 1,728,200 shares	15.8
Name	Address	Position and nature of any interest	% of interest, if any
Srujana Cherukuri	5042 Gaithers Chance Drive Clarksville, MD 21029	Board Member, Owner 3,924,500 shares	35.9
Name	Address	Position and nature of any interest	% of interest, if any
Alain Cappeluti IRA	333 NE 21st Ave, No. 204 Deerfield Beach, FL 33441	Owner 350,000 shares	3.2
Name	Address	Position and nature of any interest	% of interest, if any
Jeffrey Stovel	8580 Light Moon Way Laurel, MD 20723	Owner 890,000 shares	8.1
Name	Address	Position and nature of any interest	% of interest, if any
Sharon MacCracken	1102 Putman Road Thurmont, MD 21788	Owner 5,000 shares	0
Name	Address	Position and nature of any interest	% of interest, if any
Artemis Vendemmia	414 Sherman Ave. Frederick, MD 21701	Owner 1500,000 shares	1.4
Name	Address	Position and nature of any interest	% of interest, if any
Academy of St. Cecilia Youth Orchestra	9700 New Church Street Damascus, MD 20872	Owner - 1,000 shares	.9
Name	Address	Position and nature of any interest	% of interest, if any
Nathan Cappeluti	5895 Cabbage String Road Mount Airy, MD 21771	Owner - 100,000 shares	.9
Name	Address	Position and nature of any interest	% of interest, if any
Colin Cappeluti	19813 Sedgwick Way Poolsville, MD 20873	Owner - 100,000 shares	.9
Name	Address	Position and nature of any interest	% of interest, if any
Lindsay Strang	8618 Raspberry Drive Longmont, CO 80504	Owner - 100,000 shares	.9

Debtor **Noble Life Sciences, Inc.**

Case number (if known) \_\_\_\_\_

Name	Address	Position and nature of any interest	% of interest, if any
Ryan Ford	12753 Pamplona Drive Wake Forest, NC 27587	Owner - 100,000 Shares	.9
Name	Address	Position and nature of any interest	% of interest, if any
Darrell Groves	14717 Harrisonville Road Mount Airy, MD 21771	Owner - 100,000 shares	.9

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	To be provided after the filing of the bankruptcy			
	Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No  
☒ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
Noble 401Plan	EIN:



Debtor **Noble Life Sciences, Inc.**

Case number (if known) \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 22, 2025**

**/s/ Alain Cappeluti**

Signature of individual signing on behalf of the debtor

**Alain Cappeluti**

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

**United States Bankruptcy Court  
District of Maryland**

In re **Noble Life Sciences, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Academy of St. Cecilia 9700 New Church Street Damascus, MD 20872</b>	<b>General</b>	<b>1000</b>	<b>Shareholder - .9%</b>
<b>Alain Cappeluti 333 NE 21st Ave. No. 204 Deerfield Beach, FL 33441</b>	<b>General</b>	<b>1265499</b>	<b>Shareholders - 11.6%</b>
<b>Alain Cappeluti IRA 333 NE 21st Ave. No. 204 Deerfield Beach, FL 33441</b>	<b>General</b>	<b>350000</b>	<b>Shareholder - 3.2%</b>
<b>Artemis Vendemmia 414 Sherman Ave. MD 21700-1000</b>	<b>General</b>	<b>1500000</b>	<b>Shareholder - 1.4%</b>
<b>Colin Cappeluti 19813 Sedgwick Way Poolsville, MD 20873</b>	<b>General</b>	<b>100000</b>	<b>Shareholder - .09%</b>
<b>Darrell Groves 14717 Harrisonville Road Mount Airy, MD 21171</b>	<b>General</b>	<b>100000</b>	<b>Shareholder - .9%</b>
<b>Jeffrey Stovel 8580 Light Moon Way Laurel, MD 20723</b>	<b>General</b>	<b>890000</b>	<b>Shareholder - 8.1%</b>
<b>Kenneth Carter 10316 Caqvanaugh Court Rockville, MD 20850</b>	<b>General</b>	<b>20311000</b>	<b>Shareholder - 18.6%</b>
<b>Lindsay Strang 8618 Rasoberry Drive Longmont, CO 80504</b>	<b>General</b>	<b>100000</b>	<b>Shareholder - .09%</b>
<b>Nathan Cappeluti 5895 Cabbage String Road Mount Airy, MD 21771</b>	<b>General</b>	<b>100000</b>	<b>Shareholder - .9%</b>
<b>Ryan Fod 12753 Pamplona Drive Wake Forest, NC 27587</b>	<b>General</b>	<b>100000</b>	<b>Shareholder - .9%</b>

In re: **Noble Life Sciences, Inc.**

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF EQUITY SECURITY HOLDERS**

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Sharon MacCracken</b> 1102 Putman Road Thurmont, MD 21788	<b>General</b>	<b>5000</b>	<b>Shareholder - 0%</b>
<b>Srujana Cherukuri</b> 5042 Gaithers Chance Drive Clarksville, MD 21029	<b>General</b>	<b>2924500</b>	<b>Shareholder - 35.9%</b>
<b>Stephen Horrigan</b> 902 N. Market Street Annapolis Junction, MD 20701	<b>General</b>	<b>1728200</b>	<b>Shareholder 15.8%</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **June 22, 2025**Signature **/s/ Alain Cappeluti**  
**Alain Cappeluti**

*Penalty for making a false statement of concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
District of Maryland**

In re **Noble Life Sciences, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **June 22, 2025**

**/s/ Alain Cappeluti**

**Alain Cappeluti/President**

Signer/Title

Accelevir Diagnostics  
701 East Pratt Street  
Baltimore, MD 21202

Adobe Creative Cloud  
29322 Network Place  
Chicago, IL 60673

ADT Security Services, Inc.  
P.O. Box 371878  
Pittsburgh, PA 15250-7878

Alain Cappeluti  
33 NE 21st Ave. No. 204  
Palm Beach Gardens, FL 33410

Alain Cappeluti  
333 NE 21st Ave. No. 204  
Deerfield Beach, FL 33341

Alexandra Whitaker  
205 Evans Street  
Rockville, MD 20850

American College of Toxicology  
11190 Sunrise Valley Drive, Ste. 300  
Reston, VA 20191

American Express  
P.O. Box 1270  
Newark, NJ 07101

Animal Specialties & Provisions  
600 Commerce Drive  
Quakertown, PA 18951

Antech Diagnostics GLP  
P.O. Box 842964  
Dallas, TX 75284

APEX Capital  
1 Walnut Grove Drive  
Suite 300  
Horsham, PA 19044

APEX Commercial Capital Corp  
1 Walnut Grove Drive, Suite 300  
Horsham, PA 19044

APEX Commercial Capital Corporation  
1 Walnut Grove Drive, Suite 300  
Horsham, PA 19044

Archer Farms, Inc  
P.O. Box 322  
Darlington, MD 21034

Avidity Science, LLC  
819 Bakke Avenue  
Waterford, WI 53185

BETA CAT PHARMACEUTICALS, LLC  
1500 Fannie Dorsey Road  
Sykesville, MD 21784

BioIT Solutions, Inc.  
13501 Rippling Brook Drive  
Silver Spring, MD 20906

Biomedical Waste Services, Inc.  
7610 Energy Parkway  
Curtis Bay, MD 21226

Bloom Valley Farms, Inc.  
384 Bucher John Road  
Union Bridge, MD 21791

Broadview Waste Solutions, Inc  
7609 Energy Pkwy  
Suite 1001  
Baltimore, MD

C-Arm Associates, LLC  
6309 Fort Smallwood Road  
Suite 1  
Curtis Bay, MD 21226

Charles River Laboratories  
GPO Box 27812  
New York, NY 10087-7812

Commissioners of Carroll County  
Collection Office  
225 N. Center Street  
Port Royal, VA 22535-4300

Comptroller of Maryland - Baltimore  
301 West Preston Street, Suite 409  
Baltimore, MD 21201

Constellation Energy  
P.O. Box 4911  
Houston, TX 77210

Corporation Service Co. Representative  
P.O. Box 2576  
Springfield, IL 62708

CORPORATION SERVICE COMPANY, AS  
Representative Ref. Non 3104 07654  
P.O. Box 2576  
Springfield, IL 62708

CSC  
801 Adlai Stevenson Drive  
Springfield, IL 62703

CSC  
801 Adlai Stevenson Drive  
Springfield, IL 62703

Diversified Laboratory Repair, Inc.  
7977 Cessna Avenue  
Gaithersburg, MD 20879

EBF Holdings LLC  
d/b/a Everest Business Funding  
102 W. 38th Street  
New York, NY 10018

Edwin Gershom  
312-10177 River Drive  
Richmond British Columbia V6X-0S2  
Canada

Employee Services, LLC  
L-4412 GW2W10  
7 Easton Oval  
Columbus, OH 43219

Envigo RMS  
Inotiv Collections  
P.O. Box 8523  
Carol Stream, IL 60197

Envigo Teklad  
Inotiv Collections  
P.O. Box 8523  
Carol Stream, IL 60197



EPL Pathology Archives, LLC  
P.O. Box 645841  
Pittsburgh, PA 15264

FedEx  
P.O. Box 18.63  
Pittsburgh, PA 15250

Fisher Scientific, Inc.  
P.O. Box 3648  
Boston, MA 02241-3648

FoxHire  
P.O. Box 6881  
Carol Stream, IL 60197

Fulton Bank  
P.O. Box 4887  
Lancaster, PA 17604

Fulton Bank, N.A.  
One Penn Square  
Lancaster, PA 17602

Fulton Bank, N.A.  
9151 Baltimore National Pike  
Ellicott City, MD 21042

George Mason University  
Cashier's Office  
Mail Stop 2E1  
4400 University Drive  
Fairfax, VA 22030

HistroServ  
19526 Amaranth Drive  
Germantown, MD 20874

Hitachi Capital America Corp.  
7808 Creekrige Circle, Suite 250  
Minneapolis, MN 55439

HSRL Holdings, LLC  
5930 Main Street  
Mount Jackson, VA 22842

Hunter Caroline Holdings  
333 Pearsall Ave.  
Cedarhurst, NY 11516

InfoPathways, Inc.  
25 Liberty Street  
Westminster, MD 21157

INNOFORCE U.S. INC.  
1500 Fannie Dorsey Road  
Sykesville, MD 21784

Instem LSS Limited  
161 Washington Street  
Suite 1550  
Conshohocken, PA 19428

Integrated DNA Technologies  
P.O. Box 74007330  
Chicago, IL 60674-7330

Internal Revenue Service  
Special Procedures Section  
P.O. Box 1076  
Baltimore, MD 21203

INTERNATIONAL GENETICS ASSOC  
1500 Fannie Dorsey Road  
Sykesville, MD 21784

J.W. Cullop, Inc.  
7404 Woodville Road  
Mount Airy, MD 21771

Jaffe Capital  
99 Wall Street, No. 1540  
Narrowsburg, NY 12764-4000

Kenneth Carter  
10316 Caqvanaugh Court  
Rockville, MD 20850

Kenneth Charles Carter  
1500 Fannie Dorsey Road  
Sykesville, MD 21784

Landauer, Inc.  
P.O. Box 809051  
Chicago, IL 60680-9051

Life Technologies Corporation  
12088 Collection Center Drive  
Chicago, IL 60693

Linde Gas & Equipment, Inc.  
P.O. Box 382000  
Pittsburgh, PA 15250-8000

Maryland Department of Health  
Accounts Receivable  
201 W. Preston Street  
ATTN: Trisha Walters  
Baltimore, MD 21201-2398

McKesson Medical Surgical  
P.O. Box 634404  
Cincinnati, OH 45274-0215

Michael D. Nord, Esquire  
Gebhardt & Smith  
One South Street  
Baltimore, MD 21202

Mitsubishi HC Capital America, Inc.  
7201 Metro Boulevard  
Minneapolis, MN 55439

Oak Hill Genetics, LLC  
21434 Oak Hill Road  
Ewing, IL 62836

PandaDoc  
3439 Balboa Street  
San Francisco, CA 94121

Penn Veterinary Supply  
P.O. Box 646016  
Pittsburgh, PA 15264-6016

Pharmascience, Inc.  
6111 Royalmount  
Suite 100  
Montreal QC H4P 2T4, Canada

PointCross Life Sciences, Inc.  
1291 East Hilldale Blvd.  
Suite 304  
San Mateo, CA 94404

Qiagen, LLC  
P.O. Box 5132  
Carol Stream, IL 60197

Quality Business Solutions  
P.O. Box 42668  
Baltimore, MD 21284-2668

Quality Business Solutions  
P.O. Box 42668  
Towson, MD 21204

Ramesh B. Potla  
5042 Gaithers Chance Drive  
Clarksville, MD 21029

Renee Pearson Consulting  
2973 Southeast Summerfield Drive  
Corvallis, OR 97333

Revvity Health Sciences, Inc.  
13633 Collections Center Drive  
Chicago, IL 60693-0136

SAI Infusion Technologies  
278 Park Ave  
Lake Villa, IL 60046

Salary.com  
610 Lincoln Street  
North Building  
Suite 200  
Waltham, MA 02451

SAS Institute, Inc.  
P.O. Box 406922  
Atlanta, GA 30384-6922

Shaw Property Management  
258 Longpoint Road  
Crownsville, MD 21032

Sigma Aldrich, Inc.  
P.O. Box 734283  
Chicago, IL 60673-4283

Srujana Cherukuri  
5042 Gaithers Chance Drive  
Clarksville, MD 21029

Staples  
P.O. Box 105748  
Atlanta, GA 30348-5748

Stephen Horrigan  
902 N. Market Street  
Annapolis Junction, MD 20701

Steve Shipley  
2090 Pineola Bog Trial  
Apex, NC 27502

Technical Safety Services, LLC  
Dept. CH 17717  
Palatine, IL 60055

Tektronix, Inc.  
7416 Collection Center Drive  
Chicago, IL 60693

Tevis Energy, Inc.  
82 John Street  
P.O. Box 26  
Westminster, MD 21158-0026

The Jackson Laboratory  
90260 Collection Center Drive  
Chicago, IL 60693

The Scale People, Inc.  
9693-C Gerwig Lane  
Columbia, MD 21046-2849

Uline Shipping Supply  
Accounts Receivable  
P.O. Box 88741  
Chicago, IL 60680-1741

US Bank Equipment Finance  
P.O. Box 790448  
Saint Louis, MO 63179

VRL  
P.O. Box 40100  
San Antonio, TX 78229

VWR International  
P.O. Box 640169  
Pittsburgh, PA 15264-0169

Wakefield Farm, LLC  
159 Ruth Shriver Road  
Westminster, MD 21158

Water Testing Labs of Maryland, Inc.  
P.O. Box 712  
1000 Butterworth Court  
Stevensville, MD 21666

Workforce Genetics, LLC  
101 W. Dickman Street, Ste. 1000  
Baltimore, MD 21230

World Courier, Inc.  
P.O. Box 842325  
Boston, MA 02284

Zymo Research Corporation  
17062 Murphy Avenue  
Irvine, CA 92614

**United States Bankruptcy Court  
District of Maryland**

In re **Noble Life Sciences, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Noble Life Sciences, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**Alain Cappeluti**  
**333 NE 21st Ave. No. 204**  
**Deerfield Beach, FL 33441**

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☐ None [*Check if applicable*]

**June 22, 2025**

Date

**/s/ Robert B. Scarlett**

**Robert B. Scarlett 01424**

Signature of Attorney or Litigant  
Counsel for **Noble Life Sciences, Inc.**  

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**Scarlett & Croll, P.A.**  
**306 W. Chesapeake Ave.**  
**Towson, MD 21204**  
**410-468-3100 Fax:410-332-4026**  
**rscarlett@scarlettcroll.com**